

ALL EXCHANGES IN CERTIFICATED AREA

Section D
Second Revision Sheet 11
Cancels First Revision Sheet 11

D. 13. LOW INCOME PROGRAM <http://www.chickamauga.com/lowincomeassistance.htm>

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers a low-income assistance program. This program, Lifeline Assistance, is offered under the terms and conditions provided below:

(T)
|
(T)

D. 13.1 Lifeline Assistance

A. General

Lifeline Assistance is a retail service offering available to qualifying low-income subscribers as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for the following package services: voice-grade access to the public switched network; local usage; dual-tone multi-frequency signaling or its functional equivalent; single-party service; access to emergency services; access to operator services; access to interexchange service; access to directory assistance; and toll blocking. An eligible customer receives credit for the Low-Income Assistance Program pursuant to FCC Order 12-11.

(T)
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(T)

B. Regulations

1. A consumer household is eligible for Lifeline Assistance if the total household income is at or below 135% of the Federal Poverty Guidelines. Lifeline Assistance is also available to households containing at least one household member who participates in at least one of the following programs:

(T)

- a. Medicaid
- b. Supplemental Nutrition Assistance Program (SNAP), formerly "Food Stamps"
- c. Supplemental Security Income (SSI)
- d. Temporary Assistance to Needy Families (TANF)
- e. Low-Income Home Energy Assistance Program (LIHEAP)
- f. Section 8 Federal Public Housing Assistance (FPHA)
- g. National School Lunch Program's Free Lunch Initiative (NSLP)
- h. Senior Citizen low-income discount plan offered by local gas or power company

(T)

2. Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that he/she receives benefits under a program outlined in sub-paragraph B.1., above, or meets the income-based criteria, and must, on the same document, agree to notify the Company if he/she ceases to participate in the qualifying program. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications pursuant to FCC Order 12-11 in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.

(T)

(T)

NOTE: Sub-paragraph B.2. has been moved to this Sheet from Sheet 12.

ISSUED: May 25, 2012

EFFECTIVE: July 1, 2012

BY: Charles F. Fail, President

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Second Revision Sheet 12
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D. 13.1 Lifeline Assistance (continued)

B. Regulations (continued)

3. All applications for this service are subject to verifications with the state agency responsible for administration of the qualifying program. The Company may request any additional documentation deemed necessary prior to providing Lifeline benefits such as an administrating agency's official designation of eligibility in a particular means-based program found in sub-paragraph B.1.,above, and that the telephone subscriber is the financially responsible party for the qualifying member of his or her household, or that the eligible household member is the telephone subscriber's dependent pursuant to the rules and regulations of the Internal Revenue Service. (D) (N)

4. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll blocking as part of Lifeline Assistance. "Toll blocking" is a service that permits a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence. (T)

5. Lifeline Assistance will not be disconnected for non-payment of toll charges, however, in the event toll charges are not paid within 10 days of the mailing of the Company bill, the Company will implement toll blocking immediately thereafter. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline Assistance and have previously been disconnected for non-payment of toll charges. Lifeline Assistance will not be connected if an outstanding balance is owed by the customer for local service. (N)

6. The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company. (D)

NOTE: a. Sub-paragraph B.2. has been moved from this Sheet to Sheet 11.
b. Sub-paragraph B.3. replaces the former version's B.3. These two changes comply with FCC Order 12-11.
c. Sub-paragraphs B.5. and B.6. have been moved to this Sheet from Sheet 13.

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D. 13.1 Lifeline Assistance (continued)

B. Regulations (continued)

7. The Company will reconcile and confirm all subscribers' eligibility annually pursuant to FCC Order 12-11 by requiring each Lifeline subscriber to respond to and provide proof of continuing program eligibility under penalty or perjury via a FCC-compliant survey that their household continues to meet program eligibility requirements specified in B.1., above. Lifeline subscribers who are determined to be ineligible shall be notified of their ineligibility in writing by the Company and provided 30 days from the date of such notice to rectify or otherwise demonstrate their eligibility prior to the discontinuance of their Lifeline benefits. All unresolved disputes regarding Lifeline eligibility shall be brought to the attention of the GPSC for resolution.

(N)

8. Only one Lifeline service is available per residential household pursuant to FCC Order 12-11. A household is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. When an adult having no or minimal income and living with someone who provides financial support to him or her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians. A household is not permitted to receive Lifeline benefits from multiple providers.

9. A Lifeline customer may subscribe to any local service offering available to other residential customers.

10. The PIC charge will not be billed to Lifeline customers who subscribe to toll blocking and do not presubscribe to a long distance carrier.

(N)

NOTE: Sub-paragraphs B.5. and B.6. have been moved from this Sheet to Sheet 12.

ALL EXCHANGES IN CERTIFICATED AREA

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D. 13.1 Lifeline Assistance (continued)

- | | |
|------------|-----|
| C. | (D) |
| D. | (D) |
| E. | (D) |
| F. | (D) |
| G. Credits | (N) |

The following credits will apply for each customer eligible for Lifeline Assistance.

- | | | |
|---|----------------|-----|
| | Monthly Credit | |
| a. Lifeline Credit | \$9.25 | |
| b. Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges. | | |
| | | (N) |

ALL EXCHANGES IN CERTIFICATED AREA

D. 13. LOW INCOME PROGRAM (continued)

D. 13.2 Link-Up

(D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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First Revision Sheet 16
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ALL EXCHANGES IN CERTIFICATED AREA

D. 13. LOW INCOME PROGRAM (continued)

D. 13.2 Link-Up

(D)

The Link-Up Assistance Program for non-tribal lands has been discontinued pursuant to FCC Order 12-11.

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Chickamauga Telephone Company

Lifeline Assistance Program Application and Certification Form

First Name: _____ MI: _____ Last Name: _____

Last Four Digits of Social Security Number: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: MS Zip: _____

My Physical Address is ☐ Permanent ☐ Temporary ☐ Multi-Household

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number for which Lifeline Credits are to apply: _____

= NOTICE =

Lifeline is a federal benefit; only one Lifeline service is allowed per household; a household cannot receive benefits from more than one telephone service provider; a household is defined as any individual or group of persons living together at the same address sharing income and expenses (an "economic unit"); and Lifeline is a non-transferable benefit. Households receiving Lifeline benefits from more than one telephone company will be de-enrolled. Prosecution by the federal government for this offence is possible.

Are you or any member of your household already receiving Lifeline benefits from a telephone company?
☐ YES ☐ NO If yes, please be aware that only one Lifeline benefit is allowed for each household.

= PROGRAM ELIGIBILITY CRITERIA =

(Please initial if applicable) I certify that either a member of my household or I participate in the below-marked assistance program. I understand I must provide satisfactory documentation of this participation to Chickamauga Telephone Company (CTC).

- | | |
|--|--|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Initiative | <input type="checkbox"/> Federal Public Housing Assistance (Sect 8) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Senior Citizen Discount by Local Gas or Power Company |

-----OR-----

(Please initial if applicable) I certify that my total household income is at or below 135% of the Federal Poverty Guidelines. I understand I must provide satisfactory documentation of this declaration to CTC.



Lifeline Assistance Program Application and Certification Form

I certify under penalty of perjury the following (initial by each certification):

_____ *I currently meet Lifeline eligibility as indicated on Page One of this document.*

_____ *I will notify CTC within 30 days if I or my qualifying household member cease(s) to meet program eligibility as specified on Page One or, for any reason, no longer meet(s) all Lifeline eligibility criteria. I certify that I understand and agree to comply with this notification requirement under penalty of perjury and prosecution.*

_____ *If I move to a new address I will notify CTC within 30 days of my move.*

_____ *If my address is temporary, I understand that I may be required to verify my address with CTC every 90 days.*

_____ *I certify my household is not receiving nor will it receive Lifeline benefits from another telephone company such as Safelink, Assurance, and Reachout Wireless while enrolled in the Lifeline program with CTC.*

_____ *I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law and will result in program de-enrollment and possible program debarment, fines, or imprisonment.*

_____ *I acknowledge that I will be required to provide proof of continuing program eligibility at least once each year when notified by CTC, and any failure to do so, on my part, will result in de-enrollment from the Lifeline Assistance Program.*

Signature of Applicant: _____ **Date:** _____

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Date of eligibility review: _____	
Description of applicant's proof of eligibility: _____	
(i.e.: SNAP card, SSI program letter, federal tax return, three consecutive months of paycheck stubs, etc.)	
Proof of applicant's eligibility reviewed by: _____	
(CTC authorized signature required)	

GENERAL SUBSCRIBER SERVICES TARIFF

Chickamauga Telephone Corporation
Georgia PSC

Section C
Sheet 1
9th Revision
Cancels 8th Revision

BASIC LOCAL EXCHANGE SERVICE

C.1 Local Exchange Rates

C.1.1. Monthly exchange rates as authorized by the Georgia Public Service Commission are shown below:

CLASS AND GRADE OF SERVICE	<u>CHICKAMAUGA</u> (High Point)		<u>HIGH POINT</u> (Chickamauga) (Chattanooga)	
	<u>Rotary</u>	<u>Touchtone</u>	<u>Rotary</u>	<u>Touchtone</u>
1. BUSINESS				
a. One Party Access Line	\$20.40	\$20.40	\$23.55	\$23.55
b. Key Access Line*	\$34.10	\$37.10	\$41.00	\$44.00
c. Trunk Access Line	\$66.35	\$72.35	\$81.50	\$87.50
d. Semipublic Access	\$34.10	\$36.20	\$41.00	\$43.10
2. RESIDENCE				
a. One Party Access Line	\$14.91 (I)	\$14.91 (I)	\$14.91 (I)	\$14.91 (I)
b. Two Party Access	\$13.58 (I)	\$13.58 (I)	N/A	N/A

C.1.2. The rates specified herein, with mileage charges when applicable, entitle subscribers to an unlimited number of messages to all stations within each exchange as grouped above.

C.1.3. Local exchange rates, excluding Semipublic Telephone Service, do not include the provision of a telephone set.

C.1.4. Line access charges will apply in all cases where the Company provides service.

C.1.5. For other types of service available to the Chickamauga and High Point exchange areas and rates therefore, see other sections of this tariff.

*The key access line rate will apply for both business or residence service.

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REDACTED – FOR PUBLIC INSPECTION

CHICKAMAUGA TELEPHONE CORPORATION (SAC 220354)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY